U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMERCE

Under the Paperwork Reduction Act of 1995, no paraons are required to respond to a collection of information unless it displays a yard OMB controllumber. Substitute for Form PTO-875 Application or Docked Number
101786, 846 Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY OTHER THAN OR FOR SMALL ENTITY HUMBER FILED NUMBER EXTRA BASIC FEE RATEM (3) CFR 1.16(0), (6), or (c)) FEE (1) NA NA RATE SEARCH FEE EE (1) NA 150.00 (37 CFR 1'16/H, (1, or (m)) · N/A NA 300.00 NIA. NA **EXAMINATION FEE** \$260 (\$1 CFR 1.16(0), (p), or (q)) NIA NA . \$500 NA TOTAL CLAME NA. \$100 (3) OFR 1.16(1) NIA \$200 minus 20 « X\$ 25 INDEPENDENT CLAIMS (37 OFR 1.16(N) X\$50 OR minus 3 X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE is \$250 (\$125 for small entity) for each (37 CPR 1.16(e)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(0) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I)) +180= ". If the difference in column 1 is less than zero, enter "I" in column 2. +360\* TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) SMALL ENTITY OTHER THAN CLAIMS OR HIGHEST REMAINING SMALL ENTITY NUMBER PRESENT AFTER MENOMENT ENDMENT PREVIOUSLY RATE (1) EXTRA ADDI-RATE (\$) DI CTR MAGU PAID FOR THOMAL HOOL Minus FEE (1) TIONAL Ô Independent DI CFR 1.146H X\$ 25 FEEM Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.100) +180= +360= OR TOTAL TOTAL ADD'L FEE' OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAUMS HIGHEST 0 REMAINING NUMBER PRESENT AFTER AMENDMENT PREVIOUSLY PAID FOR RATE (1) EXTRA ADDI: RATE (1) AMENDMENT TIONAL ADDI-Total profit Light FEE (1) Minus TIONAL FEE (1) X\$ 25 Independent OF CFR LIGAR Minus X\$50 OR X100-Application Size Fee (37 CFR 1.16(s)) X200. OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.140) +180= +360z OR If the entry in column 1 is less than the entry in column 2, write "o' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Humber Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the including gathering, preparing, and submitting the completed application form to the unique of the collection is estimated to take 12 minutes to completed and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS TOTAL